COMMUNITY OUTREACH SERVICES

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I. Contact/Service Information			
Date of Service: Funding Pla	n:		
Practitioner:			Time (Min):
Additional Participating Staff:			Time (Min):
Additional Participating Staff:			Time (Min):
Procedure Code:	Service Type:	Numl	per of Persons Contacted:
Race/Ethnicity:	Language:	Age (Category:
Program Area:	Service Recipient:		
Name:(Individual: Name of individual; Group: Name of the Address:(Individual: Address of individual; Group: Address			
Contact Person:		Phone #:	
(Only required for group contacts)		(Individual: Individual's phone #; Gr	
II. Notes/Future Plans & Recomme	ndations		
Staff Signature* *Must include Discipline/Title and License/C	Date Sertification/Registrat	Co-Signature*	Date

and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Agency:

Provider #:

Los Angeles County – Department of Mental Health

MH 709 Revised 4/19/16

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SERVICE TYPE: The intervention provided								
1 Access	7 Education/Training	13 Screening						
2 Client Engagement	8 Information/Referral/Linkage	14 Technical Assistance						
3 Community Engagement	9 Media Outreach	15 Case Management Support						
4 Community Organization	10 Peer Support/Self-Help	16 Disaster Response						
5 Consultation	11 Program/Resource Development	17 Mental Health First Aid						
6 Crisis Response	12 School Based Outreach							

	PROGRAM AREA: General category staff is working under or to which client is linked									
1	Birth to Five	9	Forensic Services	17	Veteran Affairs					
2	Child Welfare	10	FSP	18	Wellness/Client-Run					
3	Consumer Advocacy/Patient's Rights	11	Housing	19	Suicide Prevention					
4	Co-Occurring/Dual Diagnosis	12	IMD/Residential and Bridging	20	Anti-Stigma and Discrimination					
5	Countywide Community Based Program	13	Integrated Services	21	Cultural Competency					
6	Disaster Services	14	LPS/Public Guardian	22	Benefit Establishment					
7	EOB/PMRT	15	MHSA Innovative Services	23	Employment/Vocational					
8	FCCS	16	MHSA Preventive Services	24	Education/Training					
				25	Community Capacity Building					

	SERVICE RECIPIENT: Describe the individual/group to which the service is directed								
1	CalWORKs	9	Other (Used if no other description fits)	17	Regional Center				
2	Disaster Survivor	10	Private Agency	18	Under-Represented Ethnic Population (UREP)				
3	Educational Agency/Institute	11	Religious Organization	19	Uninsured				
4	Family	12	Specialized Foster Care (SFC) Dependent	20	Unemployed				
5	Government	13	Social Services	21	Parent/Guardian/Care Giver				
6	GROW	14	Student/Teacher	22	Community At Large				
7	Homeless	15	Substance Use						
8	Justice System	16	Veteran						

		AGE CAT	TEGORY		
1 0-15 2	2 16-25	3 26-59	4 60+	5 Multiple	6 Unknown

	RACE/ETHNICITY										
1	African-American	10	Eastern European	19	Mexican	28	Other White				
2	American Indian/Alaska Native	11	Filipino	20	Mien	29	Puerto Rican				
3	Armenian	12	Guamanian	21	North African	30	Samoan				
4	Asian Indian	13	Hawaiian Native	22	Other	31	South American				
5	Cambodian	14	Hmong	23	Other Asian	32	Southern African				
6	Central African	15	Iranian	24	Other Black	33	Unknown/Not Reported				
7	Central American	16	Japanese	25	Other Hispanic or Other Latino	34	Vietnamese				
8	Chinese, Cuban	17	Korean	26	Other Middle Eastern	35	West African				
9	East African	18	Laotian	27	Other Pacific Islander	36	White				

					LANGUAGE				
001	English	016	German	031	Czech	046	Konkani	061	Singhalese
002	Spanish	017	American Sign	032	Danish	047	Lao	062	Swahili
003	Mandarin	018	Armenian	033	Dutch	048	Lingala or Ngal	063	Swedish
004	Swatowese	019	Afghan, Pashto, Pusho	034	Ethiopian	049	Lithuanian	064	Taiwanese
005	Toisan	020	Afrikaans	035	Greek	050	Marathi	065	Telegu
006	Cantonese	021	Arabic	036	Mie	051	Norwegian	066	Thai
007	Chinese, other	022	Farsi	037	Hindi	052	Pakistani	067	Tonga
008	Japanese	023	Bengali	038	Hindustani	053	Pangasinan	068	Turkish
009	Korean	024	Bulgarian	039	Hmong	054	Other Sign	069	Urdu
010	Samoan	025	Burman or Burmese	040	Hungarian	055	Polish	070	Ukrainian
011	Filipino, Tagalo	026	Calo	041	Ibonese	056	Portuguese	071	Visayan
012	Vietnamese	027	Cambodian	042	Igorot	057	Punjabi	072	Yao
013	Hebrew	028	Cebuano	043	Italian	058	Romanian	073	Yorba
014	Yiddish	029	Choctaw	044	Ilocano or Iloko	059	Russian	074	Other Non-English
015	French	030	Creole	045	llongot	060	Serbo-Croatian	098	Unknown/Not Reported
								099	Other

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